M

C

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00302

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Denton
LENGTH OF STAY (in this place) 7 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CLAYTON (Middle) EDWARD (Last) BREEDING, JR.
4. DATE OF DEATH (Month) Jan (Day) 1 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 10, 1949
9. AGE last birthday yrs. If under 1 year: Months / Days 21 If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Clayton Edw. Breeding
14. MOTHER'S MAIDEN NAME Eileen Schemm
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Clayton Edw Breeding, Denton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation - accident

924.0

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

182

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Rural Denton (COUNTY) Caroline (STATE) Md
TIME OF INJURY (Month) 1 (Day) 1 (Year) 50 (Hour) 4 A m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Suffocated in its bed. Did not see him alive

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Hanson George (Degree or title) Deputy Medical Examiner ADDRESS Denton Md DATE SIGNED 1/2/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan 3, 1950
NAME OF CEMETERY OR CREMATORY Burrsville M.E. Church
LOCATION (City, town, or county) Burrsville (State) Maryland

DATE REC'D BY LOCAL REG. 1/2/50
REGISTRAR'S SIGNATURE Wm D O George
24. FUNERAL DIRECTOR J. Virgil Moore, ADDRESS Denton, Md.

9-R-5-10-9-00-0-00-R

XVX99

RECEIVED
JAN 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00303

Reg. Dist. No. 66

1. PLACE OF DEATH · COUNTY: Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely — LENGTH OF STAY (in this place): 20 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None	STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)	(First) Dorothy	(Middle) L.	(Last) Buddemeyer	4. DATE OF DEATH	(Month) 1	(Day) 14 (Year) 1950
5. SEX: F.	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: 7/?/1880	9. AGE last birthday: 69 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.			
13. FATHER'S NAME: ? Shipley	14. MOTHER'S MAIDEN NAME: No Record					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: Wm. Buddemeyer 1108 Bonepart Ave. Baltimore, Md.				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

T3d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 10, 1948, to Jan. 14, 1950, that I last saw the deceased alive on Jan. 13, 1950, and that death occurred at 8:45 P.M. from the causes and on the date stated above.

SIGNATURE: Charles H. Hennefer (Degree or title) M.D. — ADDRESS: Greensboro Md — DATE SIGNED: Jan 14. 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 1/17/50	NAME OF CEMETERY OR CREMATORY: Mt. Carmel	LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG.: Jan. 15, 1950	REGISTRAR'S SIGNATURE: Mary E. Laird	24. FUNERAL DIRECTOR: R.B. Rawlings	ADDRESS: Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00304

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton | LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillsboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lewis (Middle) (Last) Cain

4. DATE OF DEATH (Month) Jan (Day) 15 (Year) 19 50

5. SEX M | 6. COLOR OR RACE Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower | 8. DATE OF BIRTH Aug 10 1858 | 9. AGE last birthday 91 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm work | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME not known | 14. MOTHER'S MAIDEN NAME not known.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Welfare Association, Denton.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lobar Pneumonia — 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
500 108
(b) Acute Bronchitis — 7 days
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Cardia-vascular Renal, Scrotal Hernia — ?

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1950, to Jan 15, 1950, that I last saw the deceased alive on Jan 15, 1950, and that death occurred at 7:30 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
N. L. Small M.D. 507 Gay St Denton Md. 1/16/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Jan 17 50 | NAME OF CEMETERY OR CREMATORY Sandtown Cem. | LOCATION (City, town, or county) Hillsboro | (State) Md.

DATE REC'D BY LOCAL REG. 1/17/50 | REGISTRAR'S SIGNATURE Mrs O Jump | 24. FUNERAL DIRECTOR J. Virgil Mann & Son | ADDRESS Denton

0006

RECEIVED
JAN 26 1950
BUREAU V. R

CERTIFICATE OF DEATH

STATE OF MARYLAND

00305

1. PLACE OF DEATH
a. COUNTY: Caroline
b. CITY (If outside corporate limits, write RURAL) OR TOWN: Barkly P D MD
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL (If not in hospital or institution, give street address or location) NAME OF HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Del
b. COUNTY: Kent
c. CITY (If outside corporate limits, write RURAL) OR TOWN:
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Lenna b. (Middle) M c. (Last) Clendaniel

4. DATE OF DEATH (Month) (Day) (Year): Jan 24 1950

5. SEX: Female
6. COLOR OR RACE: White
7a. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
7b. NAME OF HUSBAND OR WIFE: George Clendaniel

8. DATE OF BIRTH: May 6 1892

9. AGE (In yrs. last birthday): 57
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Del
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Baker
14. MOTHER'S MAIDEN NAME: Sallie Hickey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (War or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S NAME AND ADDRESS: George Clendaniel

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g. heart failure, asthemia, etc. It means the disease, injury or complication which caused death.)

(a) Cerebral Embolus — Interval Between Onset and Death: 2 days.

Due to

(b) Auricular Fibrillation — 1 yr.

Due to

(c) Arteriosclerotic Ht. Disease — 5 yrs.

420.0 ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (a) stating the UNDERLYING CONDITION last.

93d

II

OTHER SIGNIFICANT CONDITIONS contributing to the death, but not related to the disease or condition causing it.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐
21f. HOW DID INJURY OCCUR?

I

22. I hereby certify that I attended the deceased from February 1949 to Jan. 24 1950 that I last saw the deceased alive on Jan. 20 1950 and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE: John R. Caldwell M.D.
23b. ADDRESS: Dover, Del.
23c. DATE SIGNED: Jan. 25, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 27 50
24c. NAME OF CEMETERY OR CREMATORY: Barrett's Chapel
24d. LOCATION (City, town, or county) (State): near Frederica Del

DATE REC'D BY LOCAL REG.: Jan 25 1950
REGISTRAR'S SIGNATURE: A Clark Smith
25. FUNERAL DIRECTOR: R B Roughton
ADDRESS: Greensboro MD

(3)

(I)

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00306

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Academy Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location) Academy Avenue

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) E. (Last) Covey

4. DATE OF DEATH: (Month) January (Day) 15 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: January 22, 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dorchester County, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. a.

13. FATHER'S NAME: James A. Price

14. MOTHER'S MAIDEN NAME: Katherina Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): —

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Ida C. Logan, 1248 S. Greyrock Street, Philadelphia, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia.	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular Renal Disease	2 yrs.
	(c)	

442
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/21, 1948, to Jan 15, 1950, that I last saw the deceased alive on Jan 15, 1950, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

W. L. Lemmon M.D. Federalsburg Md Jan 16th 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: January 18, 1950 | NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery | LOCATION (City, town, or county) (State): Federalsburg, Maryland

DATE REC'D BY LOCAL REG.: January 17, 1950 | REGISTRAR'S SIGNATURE: J. J. Frampton | 24. FUNERAL DIRECTOR: J. J. Frampton and Son | ADDRESS: Federalsburg, Md.

RECEIVED
JAN 21 1950
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 124 JAN 25 1950

00307

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Greensboro.
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) RAYMOND (Middle) C. (Last) DENNIS

4. DATE OF DEATH (Month) Jan. (Day) 5 (Year) 1950

5. SEX M.

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Nov. 2. 1893

9. AGE last birthday 56 ~~57~~ yrs. If under 1 year: Months 1, Days 3; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Carlton P. Dennis

14. MOTHER'S MAIDEN NAME Sarah Phinney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY No. 212-18-6888

17. INFORMANT AND ADDRESS Mrs. Helen Bell Dennis. Greensboro. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchiectasis

526X Antecedent cause(s)

131b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1947, to Jan. 5, 1950, that I last saw the deceased alive on Jan. 4, 1950, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

SIGNATURE Ernest H. Theisfer (Degree or title) MD ADDRESS Greensboro Md DATE SIGNED Jan. 7 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 1/8/50 NAME OF CEMETERY OR CREMATORY Greensboro. LOCATION (City, town, or county) Greensboro (State) Md.

DATE REC'D BY LOCAL REG. Jan. 7-1950 REGISTRAR'S SIGNATURE L. Mae Pippin

24. FUNERAL DIRECTOR Raymond B. Rawlings ADDRESS

420 50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JAN 17 1950
BUREAU V. S.

00309

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH - COUNTY: Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Goldsboro
LENGTH OF STAY (in this place): 6 Wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED - STATE: Maryland COUNTY: Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Greensboro Rural
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Charles H. Draper
4. DATE OF DEATH (Month) (Day) (Year): 1 6 1950

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: 8/22/1883
9. AGE last birthday: 66 yrs. If under 1 year: Months 4 Days 15 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Oliver Draper
14. MOTHER'S MAIDEN NAME: Jane Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mable Draper Goldsboro Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cbr myocarditis

422.1 Antecedent cause(s) (b) Arteriosclerotic Cardiovascular Disease

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1949, to Jan. 6, 1950, that I last saw the deceased alive on Jan. 5, 1950, and that death occurred at 8:50 P.m. from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles H. Homesofer M.D. ADDRESS: Greensboro Md DATE SIGNED: Jan. 10, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 1/11/50
NAME OF CEMETERY OR CREMATORY: Greensboro
LOCATION (City, town, or county): Greensboro (State): Md.

DATE REC'D BY LOCAL REG.: 1/10/50
REGISTRAR'S SIGNATURE: A. Clark Smith
24. FUNERAL DIRECTOR: R. B. Rawlings ADDRESS: Greensboro Md.

000W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00308

CERTIFICATE OF DEATH

Reg. Dist. No. 63

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place) 10 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Bruce (Last) Finn

4. DATE OF DEATH: (Month) 1 (Day) 15 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 19th 1886

9. AGE last birthday: 63 yrs. If under 1 year: Months 8; If under 24 hrs.: Days 26, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman Steam Boiler

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Finn

14. MOTHER'S MAIDEN NAME: Alice Pilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 218-20-7929

17. INFORMANT AND ADDRESS: Mrs Harry Alston Denton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 0025 1320

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 15, 1948, to Jan. 15, 1950, that I last saw the deceased alive on Jan. 15, 1950, and that death occurred at 3:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edward A Fraser M.D. Greenwood Md Jan 16 50

23. BURIAL, CREMATION / REMOVAL (Specify) Burial

DATE Jan. 17th 50

NAME OF CEMETERY OR CREMATORY Denton Cemetery

LOCATION (City, town, or county) Denton (State) Md.

DATE REC'D BY LOCAL REG. 1-17-50

REGISTRAR'S SIGNATURE M S Todd

24. FUNERAL DIRECTOR J. Virgil Moore & Son

ADDRESS Denton

442-37

RECEIVED
JAN 26 1950
BUREAU

00310

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
LENGTH OF STAY (in this place) 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Marie (Middle) Rudit (Last) Goluschis

4. DATE OF DEATH (Month) 1 (Day) 20 (Year) 1950

5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 3/10/1865
9. AGE last birthday 84 yrs. If under 1 year: Months 10 Days 10 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Walk, Russia
12. CITIZEN OF WHAT COUNTRY? Russia

13. FATHER'S NAME Herman Rudit
14. MOTHER'S MAIDEN NAME No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. J. R. Lake Greensboro Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) (b) Arteriosclerotic C.V. Disease

260x
61

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 30, 1949, to Jan. 20, 1950, that I last saw the deceased alive on Jan. 19, 1950, and that death occurred at 9:25 A.m. from the causes and on the date stated above.

SIGNATURE Charles H. Horsefin (Degree or title) ADDRESS Greensboro Md DATE SIGNED Jan 21 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1/23/50
NAME OF CEMETERY OR CREMATORY Greensboro
LOCATION (City, town, or county) (State) Greensboro, Md.

DATE REC'D BY LOCAL REG. Jan. 23/50
REGISTRAR'S SIGNATURE L. Mae Pippin
24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 25 1950
BUREAU Y. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

00311

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH — COUNTY: Caroline, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Preston
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Preston
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) J. (Last) Griffin

4. DATE OF DEATH (Month) January (Day) 30" (Year) 1950

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 22"-1859
9. AGE last birthday: 90 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Holliday
14. MOTHER'S MAIDEN NAME: Catherine Jolly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Gabriel Friend, Preston, Md. R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 10 minutes

33 K Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 15 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — 10 years

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/22, 1944, to January 30, 1950, that I last saw the deceased alive on 1/25, 1950, and that death occurred at 10 35 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): M.D. ADDRESS: Preston Maryland DATE SIGNED: 1/31/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Feb. 3rd 1950
NAME OF CEMETERY OR CREMATORY: Mt. Pleasant Cemetery
LOCATION (City, town, or county) (State): Preston, Md. R.F.D.

DATE REC'D BY LOCAL REG.: 1/31/50
REGISTRAR'S SIGNATURE: Cornelia W. Plummer
24. FUNERAL DIRECTOR: J.J. Frampton & Son, Federalsburg, Md. ADDRESS:

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FEB 2 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00312

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton — LENGTH OF STAY (in this place) 16 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton — Md. Rd. Preston
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Emma (Last) Reese

4. DATE OF DEATH: (Month) 1 (Day) 30 (Year) 1950

5. SEX: F. — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow — 8. DATE OF BIRTH: Feb 4th 1874 — 9. AGE last birthday: 75 yrs. — If under 1 year: Months 11, Days 8, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John E. Willoughby — 14. MOTHER'S MAIDEN NAME: Laurenia Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Mrs. Bernard Frazier, Denton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Edema — 4 hrs

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Arteriosclerotic Heart Disease — 12 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left hemiplegia — 4 days

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): no m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/24/ 1936, to 1/30 1950, that I last saw the deceased alive on 1/29/ 1950, and that death occurred at 1:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Judy R Plummer — ADDRESS M.D. Preston Maryland — DATE SIGNED 1/31/50

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE Feb 1st 50 — NAME OF CEMETERY OR CREMATORY Denton Cemetery — LOCATION (City, town, or county) Denton — (State) Md.

DATE REC'D BY LOCAL REG. 1/31/50 — REGISTRAR'S SIGNATURE Cornelia D. Plummer — 24. FUNERAL DIRECTOR J. Virgil Moore & Son — ADDRESS Denton

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 2 1950
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00313

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 60

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Marydel; LENGTH OF STAY (in this place) 10 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Marydel; STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) Mildred (Last) Shelly

4. DATE OF DEATH: (Month) 1 (Day) 11 (Year) 1950

5. SEX: F.

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: 4/5/1886

9. AGE last birthday: 63 yrs. If under 1 year: Months 7 Days 6 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Waverly New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ? Vanguarder

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Wm. Shelly Marydel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Pancreas with

157X Antecedent cause(s) metastasis to liver, duodenum

46g Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: June 1949

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Pancreas & Metastasis

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1949, to Jan 11, 1950, that I last saw the deceased alive on Jan. 10, 1950 and that death occurred at 2:10 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas. H. Horsey M.D. ADDRESS Greensboro Md. DATE SIGNED Jan 13 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 1/14/50 | NAME OF CEMETERY OR CREMATORY Templeville | LOCATION (City, town, or county) (State) Templeville Md.

DATE RECD BY LOCAL REG. 1/13/50 | REGISTRAR'S SIGNATURE A O Smith

24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md.

RECEIVED
FEB 3 1950
BUREAU V. S.

Evidence for change of age shown on:

00314

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 124 JAN 25 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural | LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bridgville Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
STREET ADDRESS (If rural, give location) Bridgeville Road

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) G. (Last) Spedden
4. DATE OF DEATH: (Month) January (Day) 2 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: September 23, 1881
9. AGE last birthday: ~~67~~ 68 yrs. | If under 1 year: Months 3 | Days 9 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick J. Selby
14. MOTHER'S MAIDEN NAME: Mary Hieditch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Delmar W. Spedden, 6120 Sefton Ave., Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lymphosarcomas of the left lower mandible — Interval between onset and death: approx 6 mos

200.1 Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
45d (b) Pernicious anemia
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: September 49
19b. MAJOR FINDINGS OF OPERATION: A biopsy was taken at Easton Hospital - above diagnosis made
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 October, 1949, to 2 January, 1950, that I last saw the deceased alive on 30 December, 1949, and that death occurred at 12 Noon m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John C Rawlins, M D. — ADDRESS: Federalsburg, Md. — DATE SIGNED: 3 January 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: January 5, 1950 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: January 3, 1950 — REGISTRAR'S SIGNATURE: S. S. Frampton

24. FUNERAL DIRECTOR: J. J. Frampton and Sons — ADDRESS: Federalsburg, Md.

RECEIVED
JAN 16 1950
BUREAU V. S.

00315

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro
LENGTH OF STAY (in this place): 50 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Dunning (Last) Stevenson

4. DATE OF DEATH: (Month) 1 (Day) 21 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5/31/1881

9. AGE last birthday: 68 yrs. If under 1 year: Months 7, Days 21, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James H. Stevenson

14. MOTHER'S MAIDEN NAME: Minnie Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Maggie Butler Greensboro, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage & Hemiplegia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis C.V. Disease 443 / 93d

(c) & Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 8, 1950, to Jan. 21, 1950, that I last saw the deceased alive on Jan. 20, 1950, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE: Clark X Stevenson — (Degree or title) — ADDRESS: Greensboro, Maryland — DATE SIGNED: 1/22/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 1/24/50 — NAME OF CEMETERY OR CREMATORY: Greensboro — LOCATION (City, town, or county) (State): Greensboro, Maryland

DATE REC'D BY LOCAL REG.: Jan 23, 1950 — REGISTRAR'S SIGNATURE: L. Mac Poppino

24. FUNERAL DIRECTOR — ADDRESS: R. B. Rawlings Greensboro Md.

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RECEIVED
JAN 25 1950
BUREAU V. S.

00316

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH · COUNTY: Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henderson — LENGTH OF STAY (in this place): 4 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henderson
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None	STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)	(First) Fannie	(Middle) Mae	(Last) Thompson	4. DATE OF DEATH	(Month) 1 (Day) 22 (Year) 1950
5. SEX: F.	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 6/8/1888	9. AGE last birthday: 61 yrs.	If under 1 year: Months 7 Days 14; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: Joseph Cannon	14. MOTHER'S MAIDEN NAME: Sallie Coleman				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY No.: 213-61-7386	17. INFORMANT AND ADDRESS: Betty Rawghley Henderson, Maryland			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia of Lung

163x Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Chronic Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1949, to Jan. 22, 1950, that I last saw the deceased alive on Jan. 21, 1950, and that death occurred at 8:30A. m., from the causes and on the date stated above.

SIGNATURE: Clark H. Thompson (Degree or title) M.D. ADDRESS: Greensboro, Md. DATE SIGNED: Jan. 23 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 1/25/50	NAME OF CEMETERY OR CREMATORY: Templeville	LOCATION (City, town, or county) (State): Templeville, Md.
DATE REC'D BY LOCAL REG.: 1/25/50	REGISTRAR'S SIGNATURE: A Clark Smith	24. FUNERAL DIRECTOR: R. B. Rawlings	ADDRESS: Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 3 1950
BUREAU V. S.

00317

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hobbs Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) M (Last) Willey
4. DATE OF DEATH (Month) 1 (Day) 3 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct. 17th 1867
9. AGE last birthday 82 yrs. If under 1 year: Months 2 Days 15 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Henry William Willey
14. MOTHER'S MAIDEN NAME Belle Jane Maloney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Esta Dukes, Denton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Nephritis

Antecedent cause(s) (b) Cerebral & General Arteriosclerosis

334x
131a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Glaucoma

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 25, 1949, to Jan. 2, 1950, that I last saw the deceased alive on Jan. 2, 1950, and that death occurred at ..... m. from the causes and on the date stated above.

SIGNATURE Charles H. Hennessy M.D. (Degree or title) ADDRESS Greenbush Ved DATE SIGNED Jan. 5, 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan. 5th 50
NAME OF CEMETERY OR CREMATORY Hobbs, Church, Md.
LOCATION (City, town, or county) Near Denton (State) Md.
DATE REC'D BY LOCAL REG. 1/5/50
REGISTRAR'S SIGNATURE Mrs D O George
24. FUNERAL DIRECTOR J. Virgil Moore & Son, ADDRESS Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 10 1950
BUREAU V. S.

00318

Evidence for addition of #9 shown on:

FILM No. G 124 FEB 3 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location) 16. 5th St.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Grant (Last) Wise
4. DATE OF DEATH (Month) 1 (Day) 25th (Year) 1950

5. SEX F
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH June 22nd
9. AGE last birthday approx. 75 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Jerry Scott
14. MOTHER'S MAIDEN NAME Lizzie Shepard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Annie Taylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis — 1 mo

422.2 Antecedent cause(s) (b) Cerebral Hemorrhage — 10 days

93a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1950, to Jan 25, 1950, that I last saw the deceased alive on Jan 24, 1950, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE Hanson & George (Degree or title) MD ADDRESS Denton Md DATE SIGNED 1/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan. 29th
NAME OF CEMETERY OR CREMATORY Spring Grove Cemetery
LOCATION (City, town, or county) Denton (State) Md

DATE REC'D BY LOCAL REG. 1-28-50
REGISTRAR'S SIGNATURE Mr B G Jerry
24. FUNERAL DIRECTOR J. Virgil Moore & Son ADDRESS Denton

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 31 1950
BUREAU V. S.